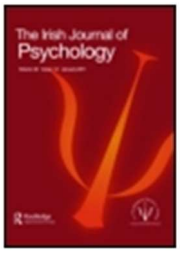
Psychological Status and Well-Being of a large Sample of Polish Migrants in Ireland



Psychological Well-being of Polish Migrants in Ireland

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Abstract

Eleven years post EU enlargement, there are approximately 150,000 Polish nationals living in Ireland. The main aim of the study was to estimate levels of depression, anxiety, and stress through comparisons with normative data drawn from clinical and non-clinical samples. An opportunity sample of 354 Polish migrant participants completed the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) accompanied with demographic information. The results indicated that the majority of the participants are employed, well educated, and reported good psychological status. However, it is possible that a minority of the participants are struggling with severe levels of anxiety and depression. The results contribute to the existing literature on Polish migration and suggest that the migrants' psychological status is relatively positive.

Keywords: Polish Migrants / Mental Health / Ethnicity / Depression / Stress

Introduction

According to Bhugra and Johns (2001) migration occurs when a person moves from one location to another either temporarily or permanently and this transition is accompanied with social and cultural changes. People are migrating individually and collectively, voluntarily and involuntarily and for the variety of reasons (Bhugra, 2004). Migration may be an internal (e.g. internally displaced persons, rural/urban and project induced migration) or an external (e.g. asylum seekers, refugees, economic migrants) process. Furthermore, a combination of 'push' (e.g. high unemployment, lack of perspectives at home) and 'pull' (e.g. labour demand, expanding economy in considered destinations) factors is often involved in an individual's decision to migrate (Bhugra, 2004).

On 1st of May, 2004, Poland and 9 other countries joined the European Union and as a consequence Polish citizens were granted free access to the European labour market. This observation is especially important in the UK and Irish context, as those two countries (and Sweden) opened their borders for new members of the EU without imposing time restrictions regarding the access. According to the Central Statistics Office (CSO, 2012) there were 2,124 Polish immigrants in the Republic of Ireland in 2002 (pre EU enlargement). Four years later the Polish diaspora reached 63,276 people, and this figure was doubled by 2011 with 122,585 Polish nationals living in the Republic. Polish citizens aged 19 and younger constituted 21.2% (increased from 9.9% in 2006) and Poles aged 20 to 34 constituted 56.7% (decreased from 72.4% in 2006) of the overall Polish diaspora in the Republic of Ireland in 2011 (CSO, 2012). Polish migration in Northern Ireland was estimated at 30,000 according to Polish Association in Northern Ireland (Kempny, 2013).

The reasons for Polish migration were primarily economic. The EU-enlargement in 2004 coincided with a dramatic increase of unemployment in Poland due to a fact that a 'baby-

boom' generation (people born in early 1980's) started to enter Polish labour market (GUS, 2007). The unemployment rates reached 20% in 2003 when compared with 5% in the UK at the same time (Drinkwater, Eade, & Garapich, 2009). Young Poles who lacked opportunities for jobs and self-development at home and had family and friends in the UK, felt they were 'obliged' to leave (White, 2010). Opportunities to improve language skills, change of a lifestyle, and progression of personal and professional experience were named as other reasons to migrate from Poland (Burrell, 2010).

Post EU-enlargement evidence on Polish migrants's psychological condition in the UK or Ireland is limited. Smoleń (2013) found that among 286 Polish adult immigrants to the UK, 36% reported permanent stress. Additionally, the author stated that 5.6% of the participants experienced high levels of stress. Similar results were obtained by Kozłowska, Sallah, and Galasiński (2008). The authors found that among 144 participants recruited in West Midlands (UK), 48.6% of the sample reported stress above the threshold level. However, there is no conclusive evidence regarding differences between migrant and non-migrant population in rates of depression and anxiety. For example, as determined by Nazroo (1997) the weekly prevalence of anxiety for the UK population (12% males and 23% females) was lower when compared with Irish migrants (23% males and 32% females). To conclude, it could be suggested that there is no unequivocal evidence on substantially increased rates of mood disorders among migrants. This was supported by Swinnen and Selten (2007) who determined that the mean relative risk for any mood disorder among migrants was modestly increased when compared to non-migrants (RR = 1.38).

It is proposed that there is a need to assess the psychological status of Polish migrants using validated, psychometrically sound instruments. One such instrument is the Depression Anxiety Stress Scale (DASS-21, Lovibond & Lovibond, 1995). The DASS has been widely

used in a range of clinical and non-clinical samples in a large number of English speaking countries (Tran, Tran, & Fisher, 2013).

Table 1 presents some normative data from non-clinical, clinical, and Polish samples. As shown in Table 1, the DASS-21 mean scores of the normative data were characterised with depression levels being higher than anxiety, and lower than stress. For the clinical data, mean scores for anxiety were lower when compared with depression and stress and depending on the study, either depression or stress reached the highest mean score. The study with a Polish clinical sample was characterised with anxiety mean score being higher than depression, and lower than stress.

Table 1 here

The main aim of the study is to estimate depression, anxiety, and stress levels among a sample of Polish migrants. This will be achieved by (a) analysing DASS-21 scores using the sample, and by (b) comparing the scores with normative data drawn from non-clinical, clinical, and clinical Polish samples.

Methods

Participants and Procedure

Polish migrants in Ireland constituted a study sample. The sample comprised of 354 participants, 145 males (mean age = 36.17 years, SD = 8.99), and 201 females (mean age = 35.23 years, SD = 10.06). The age ranged from 18 to 82, with a mean of 35.60 (SD = 9.60) and there was no significant difference between men and women ($t = 0.89$, $df = 344$, $p > .05$). There were more women than men (57.9%) in the sample. The majority of the sample (76.3%, n = 258) reported being either married or cohabiting.

After the approval from the Psychology Filter Ethics Committee had been granted, the data collection commenced in May, 2014. A variety of locations (in the Republic of Ireland and Northern Ireland) were used to contact potential participants. Initially, Polish shop owners, Polish priests and other officials were asked to assist in distributing questionnaires in their places of work. Subsequently, Polish local shops, Polish Sunday masses, the Polish School in Letterkenny, friends, and acquaintances were visited in order to recruit the participants. Additionally, some Irish institutions, for example a job recruitment agency and a hotel with a substantial proportion of Polish workforce were contacted to collect the data. All supervisors, executives and owners (Polish and Irish) responded positively to the research appeals to contact potential participants.

The participants were asked to complete the questionnaires in their own time, at home, and then return them to the shops or the institutions they were approached. It was explicitly stated in the information sheet, that the measures used in the study were not of a diagnostic nature. In the consent form it was specified that the survey was anonymous and that the participants were free to withdraw from the project at any stage without giving reasons. The participants were also informed that the data provided would be treated as confidential and would be stored securely. The survey format used for the study included a number of self-reported measures. The overall response rate was approximately 35%. The data collection lasted for 6 months.

Materials

Demographic variables used in the study were: age, gender, marital status, educational qualifications, employment status, type of employment, and duration of residence in a host country.

The Depression Anxiety Stress Scales (DASS-21) is a 21-item self-report questionnaire designed to measure the severity of the main characteristics of depression, anxiety, and stress and designed as a tripartite model. The DASS-21 comprises of three 7-item self-report subscales adapted from the 42-item DASS (Lovibond & Lovibond, 1995). Example items include Depression ("I felt that I had nothing to look forward to"), Anxiety ("I was worried about situations in which I might panic and make a fool of myself"), and Stress ("I was intolerant of anything that kept me from getting on with what I was doing") constituting the subscales. The 4-category answer format was used: "Never (1)"; "Sometimes (2)"; "Often (3)"; "Almost always (4)". Possible subscale scores ranged from 1 to 21, with higher values indicating increased levels of depression, anxiety, and stress.

The psychometric properties of the DASS-21 scores have been widely documented in the research literature. Lovibond and Lovibond (1995), Antony, Beiling, Cox, Enns, and Swinson (1998) and Clara, Cox, and Enns (2001) showed that the measure is characterized with very good to excellent internal consistency scores. Cronbach's alphas ranged from .81 to .94 for Depression subscale, .73 to .87 for Anxiety subscale, and .81 to .91 for Stress subscale. According to Gomez, Summers, Summers, Wolf, and Summers (2014) the DASS-21 is characterized with measurement and structural invariance for males and females. Consequently, similar scores for the subscales indicate same levels of depression, anxiety, and stress allowing comparison between two sexes (Gomez et al. 2014). Moreover, Henry and Crawford (2005) suggested that the DASS-21 has the advantages over its full-length version as it is less time consuming, its structure is clearer, while maintaining satisfactory reliability. Finally, Bados, Solanas, and Andres (2005) stated the DASS-21 showed good convergent validity while being tested against Beck Depression Inventory (Beck, Steer, & Carbin, 1988) and Beck Anxiety Inventory (Beck & Steer, 1990) with r of .80 and .77 respectively.

Results

As shown in Table 2, a substantial majority (91.6%) of the participants were in higher or middle range of educational qualifications and a similar pattern was observed for types of the employment. Approximately 70% of the participants declared to be employed and more than a half of them stayed in Ireland between 5 to 9 years.

Table 2 here

As shown in Table 3, a majority of the participants were characterised with normal or mild levels of depression (69.4%), anxiety (67.4%), and stress (91.2%). A relatively substantial proportion of the participants indicated severe or extremely severe levels of anxiety (13.7%), followed by depression (7.1%) and stress (2.3%).

Table 3 here

Discussion

The primary aim of the study was to estimate depression, anxiety, and stress levels among Polish migrants in Ireland. It was achieved by the analysis of the sample data and the comparisons with past evidence based on normative non-clinical and clinical samples. Mean scores for depression, anxiety, and stress were higher when compared with studies using non-clinical samples and substantially lower when compared with clinical samples. The study findings correspond with meta-analysis results presented by Swinnen and Selten (2007) who concluded that there is no unequivocal evidence for the increase of mood disorders due to migration.

However, the relatively positive psychological well-being of the participants could be questioned after the analysis of the depression, anxiety, and stress severity thresholds. A relatively substantial proportion of the participants reported severe or extremely severe

anxiety levels (13.7%) followed by depression (7.1%), and stress (2.3%). Although the DASS-21 is not a diagnostic instrument (Lovibond & Lovibond, 1995) it may be helpful in identifying problematic psychological outcomes. Consequently, it is possible that despite the relatively positive psychological condition of the majority of the participants, there is a group which requires attention of psychological services. Finally, relatively low levels of severe and extremely severe stress level do not correspond with the studies' results by Smoleń (2013) and Kozłowska, Sallah, and Galasiński (2008). It could be suggested that the estimates obtained in this study are more robust when compared with the results presented by Smoleń (2013) and Kozłowska, Sallah, and Galasiński (2008) as they are based on a larger sample size and a psychometrically sound instrument.

The results obtained in the study should be interpreted with caution due to some methodological limitations. Firstly, the study sample may not be fully representative when compared with general populations of Polish migrants in Ireland. This limitation was partly compensated as the migrants were recruited in numerous locations in Ireland and Northern Ireland to ensure the geographical diversity. Secondly, notwithstanding a relatively positive psychological condition of Polish migrants in Ireland, it is possible that there is a 'hidden' pool of those who are psychologically struggling. This group might have been underrepresented in the project. Despite these limitations, the study brings a valuable insight into psychological status of Polish migrants in Ireland.

In summary, the majority of the study participants could be characterised as well educated, employed, and psychologically healthy. This may be largely due to a fact that Polish migration is not forced, it is economically driven, and it occurs within a larger, politically uniform block of the EU (Johns, 2013). The findings of this study suggest that certain types of migration are not necessarily harmful for psychological health. However, it is important to notice the existence of a minority group possibly struggling with anxiety and depression.

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Table 1. Means and Standard Deviations of DASS-21 subscales' Scores for General, Clinical, and Polish Clinical Populations.

Authors	Sample (N)	Range	Depression M (SD)	Anxiety M (SD)	Stress M (SD)
			Normative data		
Henry & Crawford (2005)	1794 UK adults	0-21	2.83 (3.87)	1.88 (2.95)	4.73 (4.20)
Sinclair et al. (2012)	499 US adults	0-21	2.85 (4.10)	1.99 (3.13)	4.06 (3.81)
Crawford et al. (2011)	497 Australian adults	0-21	2.57 (3.86)	1.74 (2.78)	3.99 (4.24)
			Clinical data		
Page et al. (2007)	124 patients with depression	0-21	Pre 12.07 (5.98)	8.92 (5.00)	11.53 (5.57)
		0-21	Post 7.72 (6.18)	6.25 (5.66)	8.14 (6.25)
Bados et al. (2005)	59 outpatients with anxiety or depression	0-21	8.80 (5.59)	7.28 (4.32)	11.12 (4.87)
Antony et al. (1998)	46 outpatients with depression	0-21	14.98 (4.59)	7.02 (4.89)	12.15 (4.92)
			Polish		
Lewicka et al. (2013)	305 women with pregnancy pathology	0-21	3.31*	4.27*	6.07*

Note: Pre = scores at admission; Post = scores at discharge. * = no standard deviations reported

Table 2. Demographic Characteristics of the Polish Sample.

Variable	N	%
Educational qualifications		
Higher (degree, NHD, nursing)	134	38.8
Middle (A level,GCSE or equivalent)	182	52.8
Foreign/other	13	3.8
No qualifications	16	4.6
Employment (employed)	244	69.1
Employment type		
Higher (professional, managerial, technical)	14	5.9
Middle (skilled manual, skilled non-manual)	138	58.5
Low (partly skilled, unskilled)	82	34.7
Armed forces	2	0.8
Years in host country		
0 to 4 years	59	17.6
5 to 9 years	186	55.5
10 to 13 years	90	26.9

Table 3. Means, Standard Deviations, and Severity Thresholds of DASS-21 Subscales' Scores.

	Mean (SD)	Normal	Mild	Moderate	Severe	Extremely Severe
Depression	4.96 (3.46)	48.0%	21.4%	23.5%	5.1%	2.0%
Anxiety	4.39 (3.18)	44.3%	23.1%	18.9%	8.0%	5.7%
Stress	5.74 (2.89)	77.2%	14.0%	6.5%	1.7%	0.6%
Average		56.5%	19.5%	16.3%	4.9%	2.76%